

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 17/02/2022 13:26 (SGT)
Date of Accident 17/02/2022 08:21 (SGT)
Exact Location of Accident 20 Republic Ave, Nicoll Highway, Singapore 038970
Additional Location Information NICOLL HIGHWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG9100U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUL WAFIY BIN ABDUL RAHMAN
NRIC No S9226921C
Email Address ABDULWAFIY@HOTMAIL.COM
Mobile Phone No (Phone) +65-96153407
Alternative Phone No +65-96153407

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1400

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MA014114
Cover Note Number -

DRIVER

Name of Driver ABDUL WAFIY BIN ABDUL RAHMAN
NRIC No S9226921C

Date Of Birth	04/08/1992
Occupation	Indoor
Date Of Driving Pass	21/04/2012
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96153407
Alt. Phone Number	+65-96153407
Email Address	ABDULWAFIY@HOTMAIL.COM
Address	BLK 112 LENGKONG TIGA
Address complement	#02-213
Postcode	410112
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCW2221J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;


(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


17/02/2022 @ 11:50hr
Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 17/02/2022, at about 0821hrs, I was driving in my car, SM6 91004 along Nicoll Highway. I was on the second ~~right~~ right most lane. My wife was sitting at the front passenger seat, beside me. I was travelling at about 56km/h. The road ^{had} a 70km/h speed limit. After I pass the bridge connecting the Concourse and Nicoll Highway MRT, I continued to drive straight and kept to my lane. Suddenly, a BMW car (SW2217) bang into my car, on the left hand side. My wife shouted due to the shock but she said she was ok.

The driver overtook me on the left side and stopped by the kerb on the left. ~~Upon~~ Upon the impact, I stopped my vehicle. As there was traffic, I moved my car to the ~~kerb~~ left most lane and stopped to alight.

The driver, a Chinese male in his fifties walked towards me and apologised for hitting onto me. He claimed that he saw something on the road on his left and as a result, ~~swerved~~ ~~to~~ swerved to the right and hit onto my car. He then went to my wife, ~~she had asked~~ and apologised for hitting ~~the~~ car and asked if my wife was ok. My wife said she is ok. I then exchanged name and contact number ^{my} with the driver who is Ong Hwa Tian, HP: 96693149, 514334404. I took a look at my car and saw that there were damages on my left hand side and my left front rims. I took photo of ~~at the~~ my car and its damages. I also took a photo of the damage on his car.

I then asked him how we are going to settle this issue. He ~~said~~ he apologised once again and said that it was his fault that he hit me. He said that for his damage to his car, he will claim insurance. He then said that I can ~~claim~~ the claim for my damages from his insurance because he hit me. Since no ~~one~~ injury, he said no need police report, only the accident report. I also asked him for his in-car camera footage but he did not want to provide stating that cannot be accessed now. Must plug into computer.

I would like to state that I have video of the incident from ~~my~~ my car camera that show him swerve into my lane and hit my car on the left. His footage would also clearly show this. Also, he has admitted to his action of ~~being~~ hitting my car and willing to take full responsibility for it.

Declaration

We declare the foregoing particulars are true in every respect.


17/02/2022
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



INTERVIEW FORM

Name (Driver) : ABDUL WAFIY BIN ABDUL RAHMAN

Policy No : MA014114

Vehicle No : SMG 9100W

Place of Accident : Nicoll Highway [After the overhead bridge between the Concourse and Nicoll Highway (MRT) & before the ERP gantry]

Insured Driver's relationship with Insured : _____

Drink Driving of Insured and/or Insured Driver : -

No of passenger(s) in Insured vehicle : 1

Injury to Insured and/or Insured driver, please indicate which hospital: nil

Third Party Vehicle No (if any) : SCW 2221 J

No of passenger(s) in Third Party Vehicle : -

Injury to Third Party driver and/or passenger(s), please indicate which hospital: _____

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
I was Driving straight and kept on my lane. Suddenly, the SCW221J bang my car on left

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
Yes. Lee Si Hui, 9424 9101

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Abdul Wafiy Bin Abdul Rahman
 Driver (Name & Signature) / Date 17/02/2022
 I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) / Date _____

Workshop Name: _____

Etiqa Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048583

T +65 63360477
 F +65 63392109

www.etiqa.com.sg
 Company Reg. No. 200539001

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